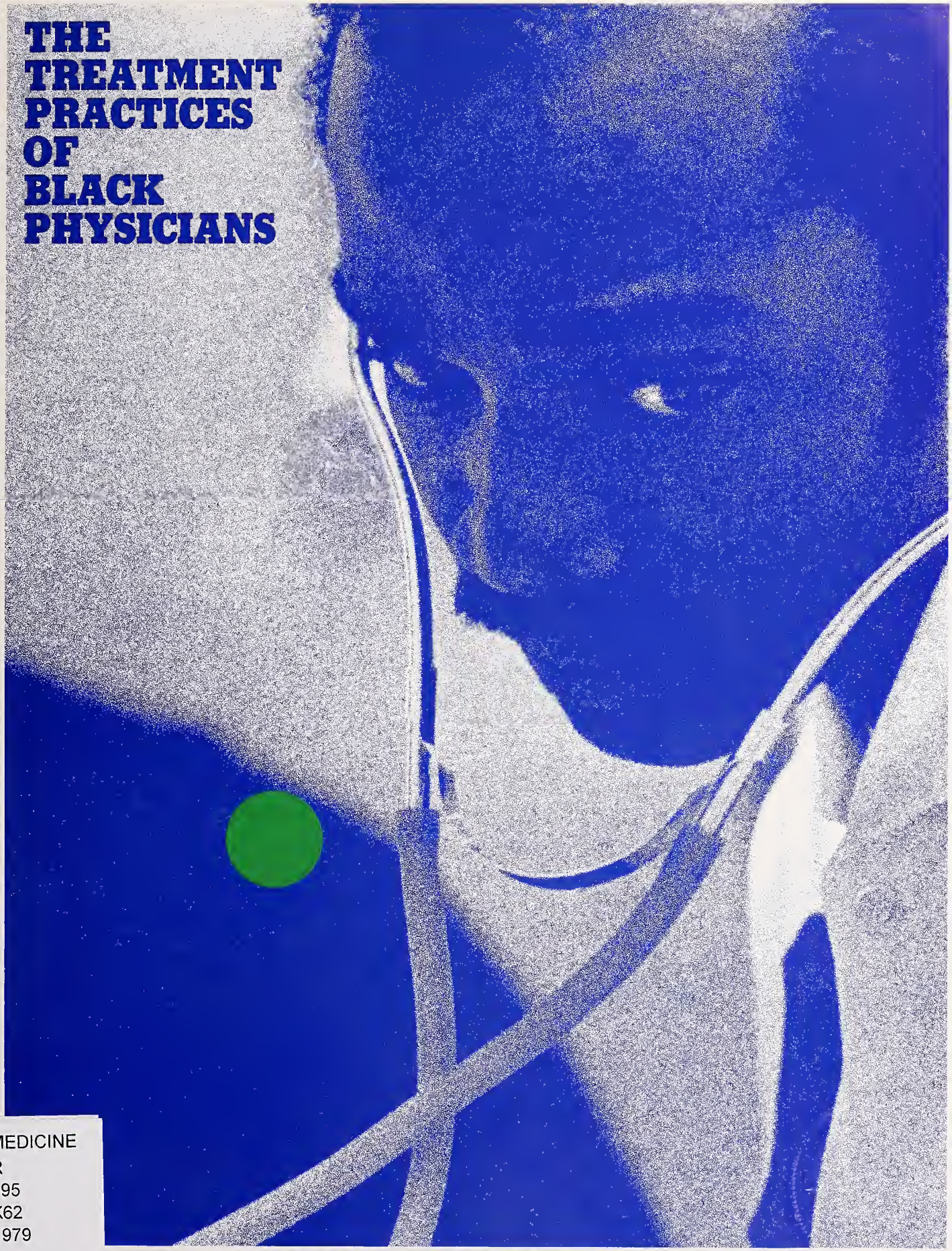
THE TREATMENT PRACTICES OF BLACK PHYSICIANS



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THE TREATMENT PRACTICES OF BLACK PHYSICIANS

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A Report Prepared Under
Order No. PLDO766178

April 1979

By
Koba Associates, Inc.
Washington, D.C. 20009

For
U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Resources Administration
Office of Health Resources Opportunity

DHEW Publication No. (HRA) 80-628

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FOREWORD

The mission of the Health Resources Administration (HRA) is to identify and correct current and anticipated imbalances, inefficiencies, and deficiencies in the distribution, supply, utilization, and cost of health care resources and services for the Nation as a whole. The Office of Health Resources Opportunity (OHRO) was established in the Health Resources Administration in 1975, and is part of the Agency which focuses on these imbalances, inefficiencies, and deficiencies from the perspective of the disadvantaged. OHRO's major goals are to promote equal access to health careers and health services for the disadvantaged.

This report furthers OHRO's goal by providing an analysis of data from the National Ambulatory Medical Care Survey on the treatment practices of Black Physicians Compared to Non-Black Physicians. In 1975, OHRO requested that the National Center for Health Statistics include an oversample of Black physicians when it administered the National Ambulatory Medical Care Survey. This oversample would provide the first reliable estimates on the types of patients and the treatment practices of Black physicians.

Clay E. Simpson, Jr., Ph.D.
Associate Administrator for Health
Resources Opportunity Programs

ACKNOWLEDGMENTS

This report is the culmination of the efforts of many individuals. However, special mention should be made of the work of Mr. Arthur Testoff, Director, Division of Program Coordination, Office of Health Resources Opportunity (OHRO), Health Resources Administration (HRA), who initiated this project, arranged with the National Center for Health Statistics (NCHS) for the oversampling of Black physicians and initially directed the computer analysis. Mr. James Delozier, Chief Ambulatory Statistics Branch, NCHS, was responsible for the administration of the Survey and computer processing. Dr. Bruce Rocheleau, currently of the Northern Illinois University, developed the cross-tabulations from the National Ambulatory Medical Care Survey data, which are presented here, while he was in OHRO. The computer printouts were provided to Koba Associates, Inc. who then prepared this monograph under contract to OHRO. That contract was monitored by Dr. Tony Hausner, Division of Analysis and Evaluation, OHRO; Dr. Kinzo Yamamoto, Director. Comments on the draft were also made by Dr. Paul Cornely; Mr. Bill Jenkins of the Institute for Afro-American Health; Dr. Lois Gray of the National Center for Health Services Research; Mr. Delozier and Dr. Rocheleau.

The staff of Koba Associates, Inc. who were principally responsible for the analysis and writing were Dr. Jepson Wulff and Mr. James Sevick; Mr. Ford T. Johnson, Jr., President, Koba Associates, Inc., had the overall responsibility for this report.

EXECUTIVE SUMMARY

The National Ambulatory Medical Care Survey (NAMCS) is conducted periodically by the National Center for Health Statistics (NCHS). Its purpose is to provide information about the utilization and provision of medical care in physicians' offices, where most Americans receive health care.

The NAMCS develops a restricted set of data based on a sample of patient visits to offices of physicians surveyed. Those physicans are, in turn, a sample of office-based physicians nation-wide. In a typical NAMC Survey, very few Black physicians appear in the sample because only about 2% of all physicians in the U.S. are Black (although Blacks comprise about 11% of the total U.S. population). In 1975, the Office of Health Resources Opportunity (OHRO) of the Health Resources Administration requested an oversampling of Black physicians in the NAMCS in order that sufficient data might be developed to obtain an adequate picture of practices of office-based Black physicians. The mission of the OHRO is to promote equal access for disadvantaged groups to both health services and health careers.

This is a report of analyses of data developed from the 1975 NAMC Survey. More specifically, it is a report of analysis of selected NAMCS tables provided by OHRO to Koba Associates for analysis. The primary objective of the analyses was to obtain a description of the <u>treatment practices</u> of office-based Black physicians as revealed by the NAMCS data. To provide context for interpretation of this description, secondary objectives were:

- to develop matching data from NAMCS to describe the treatment physicians of non-Black office-based physicians;
- to develop a description of the practice setting in which Black office-based physicians provide care; and
- to develop a description of the white and Black patient populations seen in office-based practice.

Treatment Practices Findings

In overview, the analyses revealed that the treatment practices of Black physicians do not differ markedly from the treatment practices of non-Black physicians insofar as NAMCS

data reveal treatment practices. The three parameters of treatment practice recorded by NAMCS are:

- length of visit between the patient and the physician,
- disposition of the patient at the end of the visit, and
- services ordered for the patient.

Length of Visit. The distribution of visit duration for patients of Black physicians (9 in 10 of whom are Black) is very similar to the distribution of patients of non-Black physicians (roughly 1 in 10 of whom are Black).

Disposition of Visit. The NAMCS identifies eight disposition categories. Black physicians appear to ask patients to return at a specific time more often than non-Black physicians; otherwise, practices are similar across these eight categories.

Services Ordered. In 15 of 18 categories, practices are not markedly different. Black physicians apparently make more use of three categories:

- blood pressure check,
- drug prescribed, and
- injection.

Other Findings. NAMCS data were used to develop descriptions of office-based practice settings and of patients seeking office-based care.

Practice Settings

Treatment practices of Black and of non-Black physicians are similar despite some marked differences in practice settings which may be inferred from the NAMCS data.

- Black physicians are far more likely to see Black patients.
- A visit to a Black physician is somewhat more likely to be by a female.
- A Black physician is much more likely to see patients in a metropolitan setting.

- A Black physician is more likely to be in solo practice.
- The patient visit rate per year is less for Black practitioners.
- Black physicians see somewhat more acute follow-ups.
- Black physicians are more likely to see patients with serious or very serious conditions.

Black Patients Compared with Non-Black Patients. When NAMCS data are used to determine and compare the characteristics of patients ignoring physician color, the characteristics of Blacks seen by office-based physicians are found to be similar to those of non-Black patients except in terms of visit rate by sex. In 23 out of 32 categories, characteristics appear to be similar; in the remaining categories apparent differences are not large. These comparisons do not include patients seen in other care settings such as clinics, where many minority patients receive most of their care.

Interpretation of Findings

The findings of this study are summarized above in gross overview; the detailed findings are presented in the body of the report. Interpretation and generalization of the findings should be made with some caution. Some of the most important factors bearing on the use of the findings are these.

- When real differences are seen between Black and non-Black treatment practices, they cannot be ascribed simply to physician care. The patients typically seen by Black physicians differ from those seen by non-Black physicians in ways which may require adjustment in treatment practices. Thus, patients of Black physicians (who are mainly Black) suffer certain conditions and diseases with different frequency, are more likely to be economically deprived, and may have cultural beliefs and practices which demand that different treatment practices be used.
- Neither Black nor white treatment practices can properly be used as a standard against which to make comparisons.

- Some treatment practices can probably vary a great deal without impact on patient care.

- The NAMCS is a limited instrument for measuring treatment practices; it records only three parameters of such practices.

- The study analysis was performed after-the-fact of data collection; it can be characterized as a search for differences. When such an approach is used to examine a table of data containing, say, 100 cells, it may be expected that a few statistically significant differences will be found which are, in fact, not real differences at all. There is no way to sort these "apparently real" differences from those which would remain as real differences upon subsequent replications of the study.

I. BACKGROUND

Black physicians comprise about two percent of all physicians in the United States[1] (8). Yet we know little about the treatment practices of Black physicians--certainly less than we know about their white counterparts. One reason for this lack of knowledge is the low level of representation of Black physicians in national studies of ambulatory health care. In order to obtain more data about the treatment practices of Black physicians, the 1975 National Ambulatory Medical Care Survey (NAMCS) provided for an oversampling of Black physicians. This study is based on data obtained from that sample.

The NAMCS is conducted under the sponsorship of the Division of Health Resources Utilization Statistics of the National Center for Health Statistics (NCHS). Its purpose is to provide information about the utilization and provision of medical care in the physician's office, where most Americans receive health care. Prior to 1975, the NAMCS described the health care given to ambulatory patients in doctors' offices without respect for the physican's ethnicity or race. Indeed, during this period no provision was made by NCHS to determine differences between office practices of minority and non-minority physicians.

In 1975, the Office of Health Resources Opportunity (OHRO) of the Health Resources Administration requested an

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[1] In 1975 about 11 percent of the total U.S. population was Black (23).

oversampling of Black physicians in the NAMCS in order to obtain better quality information about Black physicians. The mission of OHRO is to promote equal access for disadvantaged groups to both health services and health careers.

Objectives of the Study Reported Here

The primary objective in performing this study was to develop a description of the treatment practices of Black physicians--to the extent that such a description can be developed using NAMCS data.

When NAMCS data are used for this purpose, they provide a statistical picture of treatment practices in terms, for example, of disposition of cases and of therapeutic services ordered. Such statistical descriptions are difficult to interpret when they stand alone. Therefore, a subsidiary purpose was to develop additional data that would provide a context for interpretation of the description of Black physician treatment practices. Using primarily the NAMCS data, three contexts were described:

- the treatment practices of non-Black physicians in terms of the same parameters used to describe Black physician treatment practices;
- selected features of the practice setting in which Black physicians provide care; and
- selected attributes of Black patients.

In the organization of the report which follows, Black patients are described in Section IV and the practice setting is described in Section VI against this background. Section VI

then describes treatment practices and compares data for Black and for non-Black physicians within that section.

Background Facts Which Bear on Interpretation

Most Black patients who make office visits are seen by white physicians. Thus, 89 percent of all Black patient visits are to non-Black physicians. Nevertheless, the number of Blacks in office practice is so small nationwide that it is also a fact that the patients of Black physicians are predominantly Black (87 percent).

The Black patient population differs from the non-Black population seen in physician offices in several ways which may influence Black physician practices; some examples follow:

- The age-adjusted death rate for heart disease among non-whites is 13 percent higher than for whites.
- For cerebrovascular disease, the non-white mortality rate is 60 percent higher.
- For influenza and pneumonia, the incidence in Blacks is 50 percent higher.
- The neonatal death rate for Blacks is 85 percent higher than for whites.
- Postneonatal deaths (after first month to first year of life) are 111 percent more common among Blacks than among whites (10).

Differences in treatment practices may also result from the differing socio-economic status of Black and non-Black patients. While NAMCS did not gather data on the socio-economic characteristics of patients, it is not unreasonable to expect that the predominantly urban Blacks who visited

Black physicians in 1975 were poorer, on the average, than those patients who visited non-Black doctors. Income and wealth influence the frequency with which a patient seeks health care. A low-income urban dweller who is ineligible for Medicaid or Medicare is less likely to have medical insurance, and, as a result may also be less likely to seek medical care on a regular basis for the purpose of prevention or early treatment.

Differences in patients' socio-economic characteristics are reflected in the type of medical care patients seek. For example, the 1977 Health Interview Survey of NCHS found that, although the percentage of Blacks and whites who visited a physician in the past year was about the same, Blacks were over twice as likely (25.8 percent of Blacks, 12.1 percent of whites) to have visited hospital outpatient clinics (11).

Comparisons in this report are based on samples that could not be selected to eliminate confounding explanations of differences; therefore, comparisons can only be suggestive. Any study of reasons for differences between the treatment practices of Black and non-Black physicians requires a research design that can analyze Black and non-Black treatment of patients while controlling for such differences as age and socio-economic characteristics of patients.

Report Terminology

NAMCS surveys patient visits, not separate patients. As a result, patients who visited a doctor's office two or

more times during the survey week are over-represented and could bias the aggregate data presented if "visits" are interpreted as "patients seen."

Usage of the terms "race" or "patient color" is subjective; this characteristic was determined by the doctor or his or her staff, rather than by the perception of the patient.

The terms "white" and "non-Black" are both used in this report. The term "non-Black" applies to all racial minorities other than Black, as well as to the Caucasion race. However, non-Black racial minorities in the population constitute about five percent of the total population and an even smaller portion of all physicians. Therefore, it is believed that other minorities introduce only small biases in the data presented here.

II. RESEARCH BACKGROUND

Prior to the 1975 NAMCS there was substantial research about the health care afforded the Black population in the U.S.; however, data about treatment practices of Black physicians were limited. As Gray noted (5), few analytical studies have included race of the provider as a study variable. Most of the literature which included Black physician data focused on the overall questions of practice choice, broken down into the components of geographic preference and demographic distribution, and specialty distribution. The objective in these earlier studies was related to the nascent interest in the social priority areas of practice context and service to the medically underserved Black population, rather than an understanding the practice mode of attending physicians. This section is intended to describe briefly a few selected research findings about Black physicians as an introduction to the study reported here.

Geographic and Demographic Distribution

One of the pioneering works about Black physicians was a study by Reitzes, Negroes and Medicine (1). The study objective was an analysis of factors which promoted or hindered integration of Black physicians within 14 communities. Some of the data on geographic and demographic distribution presented touched on the activities of Black physicians within the medical community and may be cited as background for this study.

One of Reitzes' findings was that the clients of Black physicians in the late 1950s were primarily lower-class Blacks. However, the medical needs of the Black community were insufficiently met by Black physicians because they comprised only 2.2% of all physicians in the U.S., whereas the Black population was about 10%. While there had been a continuous increase in the overall number of Black physicians, there was an imbalance between the demographic characteristics of the Black population and the distribution of Black physicians; this meant that there was no improvement of physician supply in proportion to the growing needs of the Black community.

The lack of congruity between the distribution of Black physicians and Black population was underscored in a survey by Haynes (24) who found that the growth in the number of Black physicians had lagged behind the growth in the Black population. In a perfunctory analysis of incomplete data, Haynes found that 92% of Black physicians were male, most Black physicians resided in California, New York, and the District of Columbia, and 39% were in general practice.

In a later study, Thompson concluded that the profile of Black physicians had not changed appreciably since the Hanes study (2). In a sample of 3,405 Black physicians (91% male, 9% female) Thompson found, on the basis of inferences about geographical location of respondents, that Black physicians tended to populate in the states of California, New York, and the District of Columbia where there were high concentrations of

Blacks in urban communities. In a review of the geographic and functional distribution of Black physicians, Gray (5) noted that Black physicians concentrated disproportionately in certain areas. For instance, only 32% of active Black physicians practiced in the South, though 53% of the Black population resided there; and regional migration was exacerbating this trend. In addition, a larger percentage of Black physicians as compared with white physicians resided in urbanized areas. Black physicians tended to locate where there was greatest growth in Black population, though there was evidence of a selective migration of Black physicians to areas characterized by higher median incomes where the quality of life differentials between Black and whites are minimal.

Reitzes and Elkhanialy (25) concluded, on the basis of data from a study of National Medical Fellowships, that Black physicians tend to serve primarily middle-class Blacks. A later study by Gray (3, 5) on actual and preferred location and clientele confirmed these findings, though, in contrast to actual practice, Black physicians' preferences seemed to be shifting towards serving racially-mixed clients with a higher socio-economic status.

Recently, Rocheleau (8) conducted a preliminary analysis of the 1975 NAMCS data which showed that only 25% of Black physicians live in non-metropolitan areas, which has created a shortage of Black physicians in these areas in relation to the needs of non-metropolitan Black populations. Overall, Black

physicians are far more likely to serve Black patients than non-Black physicians. Yet, in absolute terms most Black patients visit non-Black physicians. This discrepancy between relative percentages and absolute numbers of visits is attributed to the small percentage of Black physicians compared to all physicians.

Practice Context and Specialty Distribution

Reitzes (1) found that a significant factor in the determination of the kind of medical care provided the community was the ability of Black physicians to obtain an appointment at a hospital. In addition, board certification increased the Black physician's chance of obtaining an appointment. A second significant factor in creating the practice context was the low degree of mutual support (in the form of lack of referrals from other Black physicians) which seemed to compel Black physicians to practice general medicine.

Haynes (24) found that, of the respondents who were members of the NMA, almost 39% were in general practice; internal medicine (11%); general surgery (10%); and OB/GYN (approximately 9%). Solo practice accounted for 73% of the respondents. Thompson (2) confirmed that Black physicians (male and female) were more likely than white physicians to concentrate in the fields of family medicine, internal medicine, and surgical specialties and in solo, as opposed to group, practice. Among Black physicians, males are more involved in direct patient care than females (60% vs. 44%). Male Black

physicians are more likely to have an office-based practice than female Black physicians (90% vs. 71%), with 50% of males in solo practice or self-employment as compared to 27% of the female respondents. Males not in solo practice are generally employed in various types of hospitals or other organizations; females are more likely to be employed by medical schools, and city and county hospitals.

Gray (5) noted that almost 30 percent of Black physicians practice family medicine or general practice (18% for all physicians). Black physicians are somewhat more likely than other physicians to be salaried and employed by government. Only 60% are in direct patient care, compared to 90% for all physicians. From a slightly different perspective, Rocheleau (8) noted that of all patient visits to Black physicians (71%) were to physicians engaged in one of three primary specialties; the comparable figure for visits to white physicians was 60%.

Black Physicians Practices and Other Characteristics

None of the studies prior to Rocheleau's article in 1978, which was based on the 1975 NAMCS data, analyze the practice characteristics of Black physicians either in descriptive or comparative terms. Gray (5) notes somewhat tentatively that any attempt to explain the professional behavior of Black physicians must take into account the pervasive effects of minority group status. Rocheleau concluded that the characteristics of Black and non-Black physicians in terms of treatment practice revealed few differences large enough to be meaningful and

that the differences that exist might be attributable to the medical characteristics of the patient population.

III. METHODOLOGY

The basic purpose of study reported here was to obtain an overview of the practice context and treatment practices of Black physicians to the extent permitted by NAMCS data. As will be shown below, the patient population served by Black physicians differs in important ways from that served by white physicians. It follows that any discovery that treatment practices differ between Black and white physicians could not be shown clearly to be a practice associated simply with physician race. In fact, an attempt to devise a study to test for reliable practice differences would be misguided, for the parameter of ultimate concern in comparisons in this arena must be patient status, not treatment practices per se. Thus, treatment practices must be attuned to patient need and must produce desired patient status. When patient populations differ it may be necessary for treatment practices to differ, if the best achievable patient status is to be delivered for all.

The basic data analyzed in this study had been developed by the 1975 NAMCS before the study was let for contract. The contractor for analysis and report preparation, Koba Associates, was limited in its scope of effort to secondary analysis of selected tables of data developed from the 1975 survey and provided to the contractor. Briefly, the study method was to select from the provided NAMCS data to describe the practice context of Black physicians, the treatment practices of Black physicians, and Black patient characteristics. Black physician

treatment practice data were compared with non-black physician treatment practice data to reveal any treatment practices which appeared to differ markedly. When possible, such practices were then considered in the light of data about the patients of Black physicians to determine whether or not treatment practices apparently associated with Black physicians could easily be related to special characteristics of their patients.

Detailed discussions of the background and methodology of NAMCS, as well as summaries of its findings, are available through several publications of NCHS (9). For the purpose of this report, a summary of the scope and methodology should provide enough information to enable a general reader to interpret the data presented here.

A Brief Review of the NAMCS

To minimize interference with physicians at work, data on each patient in the NAMCS are limited to twelve items of information presented on a one-page encounter form which can be completed in less than a minute. The data requested for each recorded visit are shown in Exhibit 1.

EXHIBIT I

LIST OF ITEMS ON THE NAMCS SURVEY OF OFFICE VISITS TO PRIVATE PRACTICE PHYSICIANS

- date of visit
- date of birth
- sex
- color or race: white, Negro/Black, other, unknown (determined by physician's judgment)
- patient's principal problems (in patient's own words)
- seriousness of problem: very serious, serious, slightly serious, or not serious (in physician's judgment, according to the extent of the patient's impairment had he not sought medical care)
- reason for visit: (One or more of the following categories could be checked.)
  - acute problem (arisen in past three months)
  - acute follow-up
  - chronic problem, routine (for regular care)
  - chronic problem, flare-up
  - pre-natal care
  - post-natal care
  - well adult or child exam
  - family planning
  - counselling/advice
  - immunization
  - referral from other physician or agency
  - administrative
  - other

MORE

Exhibit I Continued

- principal diagnosis: The patient's problem and physician's diagnosis were categorized by expert coders into the diagnosis based on the Eighth Revision International Classification of Disease, Adapted for Use in the United States, (ICDA-DC):
  - infective and parasitic diseases
  - neoplasms
  - endocrine, nutritional, and metabolic diseases
  - mental disorders
  - diseases of the nervous system and sense organs
  - diseases of the circulatory system
  - diseases of the respiratory system
  - diseases of the genito-urinary system
  - diseases of the skin and subcutaneous tissue
  - diseases of the musculo-skeletal system
  - symptoms and ill-defined conditions
  - accidents, poisoning, and violence
  - special conditions and examinations with sickness
  - other
  - injection
  - immunization or desensitization
  - physiotherapy
  - medical counselling
  - psychotherapy or therapeutic listening
  - other

MORE

Exhibit I Continued

- disposition of visit (Alternatives were: no follow-up; return at specific time; return if needed, telephone follow-up; referred to another physician; returned to referring physician; admitted to hospital; other.)
- duration of visit (in minutes)
- diagnostic and therapeutic services ordered or provided during the visit (could be several per visit):
  - none
  - limited history and exam
  - general history and exam
  - clinical laboratory test
  - blood pressure check
  - electrocardiogram (EKG)
  - hearing test
  - vision test
  - endoscopy
  - office surgery
  - drug prescribed or dispensed
  - X-ray
- new or returning patient

In addition to information on patient visits, several characteristics of physicians were gathered during initial interviews in the NAMCS. These include:

- physician specialty
- office location

- type of practice: solo, partnership, or group
- size of staff
- number of housecalls per week
- number of telephone consultations per week
- race of physician

While several other types of ancillary data, particularly socio-economic characteristics, would be especially useful for analysis of treatment practices, the intent of the 1975 survey was to gather basic information on office practice with minimal interference with the physician's work and no such ancillary data were collected.

For the 1975 national survey, the encounter forms for NAMCS were given to 3,069 physicians selected through a multistage probability sample design. The sampling frame was composed of all physicians in the master files of the American Medical Association and the American Osteopathic Association, whether members or not. Only doctors who were classified by the AMA or the AOA as office-based physicians not employed by the Federal government, and whose principal employment was patient care, were sampled. Physicians specializing in anesthesiology, pathology, and radiology were not included.

Probability sampling procedures were used to select a sample based on geography (primary sampling units), physician specialties, and patient visits within specialties.

A special group of Black physicians was also selected, using procedures similar to those described above.[1] Oversampling of Black physicians was necessary because the very small number of Black doctors in the United States would cause a very small number of Black doctors to be picked up in the normal sample.

Participating doctors were visited by interviewers who instructed them in how to use the data collection instruments. Because some saw numerous patients every day, NAMCS developed a method of sampling patients for inclusion by which a physician collected data on every patient, every other patient, or every third or fifth patient, depending on how many patients were seen each day. Forms were mailed to the interviewers, who edited them and transferred them to the survey's data processing unit.

Data in this report were derived through a multi-stage estimating procedure which used the results of the survey to estimate the total number of patient visits in the United States.

Of the 3,069 eligible physicians in the overall sample, 2,472 (80.5 percent) were participants, including 366 who were Black. As an aid for the reader, Tables I and II in Appendix A give the approximate standard errors associated with percentage of office visits of Black physicians (Table I) and of non-black physicians (Table II).[2]

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[1] Similar, but not designed completely to assure an unbiased sample of Black physicians; no complete listing of Black physicians was available.

[2] Please see the Executive Summary for a discussion of problems which attend comparisons between data for Black and for non-black physicians.

IV. CHARACTERISTICS OF BLACK PATIENTS SEEN IN OFFICE PRACTICE COMPARED WITH THOSE OF WHITE PATIENTS

In this section we compare Black and white patients seen at physician offices ignoring physician color. Comparisons are based on NAMCS data for patients visiting office-based physicians. It is useful to recall that the data presented here derived primarily from visits to non-black physicians.[1]

Sex of patients. Black patients make fewer visits per year to office-based physicians than do non-black patients. This generalization holds for both sexes. Black male visits recorded in 1975 were at the rate of 1.4 visits per year; the non-black rate was 2.2 visits per year. Black female visits in the 1975 NAMCS data were at the rate of 2.3 per year; the non-black female rate was 3.2 visits per year.[2] The ratio of Black male to female visit rates is 0.64; the ratio of non-black male to female visit rates is 0.72.

Locus of office visited. Both Blacks and non-blacks visited offices in metropolitan areas over 70 percent of the time (71.8% for Blacks; 73.0% for whites).[3]

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[1] About 8% of all patient visits counted in NAMCS (1975) were by Black patients. Of these, about nine in ten were to non-black physicians.

[2] Estimations based on NAMCS data and Bureau of the Census population estimates for 1976.

[3] Unless otherwise indicated, percents are based on cells >5,000,000.

Type of Practice of Physician Visited. The proportion of Black patients who see doctors in solo practice (57%) does not differ markedly from the proportion of non-black patients seeking care from office-based physicians who see solo practitioners (60%).

Age of Patient. When patient visits are analyzed according to age, differences between Blacks and non-blacks appear. (See Table 1). While there is very little difference between the two groups in younger age groups, more Blacks between 25 and 44 visit the doctor than do non-blacks (about 31.2 percent compared to 24.8 percent). In the over 65 bracket, 16.9 percent of non-black visits were by the elderly, and about 11 percent of Black visits were by members of this age group. However, this is probably a reflection of the lesser life expectancy of Blacks.

Health Problems. Blacks and non-blacks seen at physician offices and reported in the survey experience similar medical problems when the ICDA-DX categories are used.[1] (See Table 2.)

Disposition. Differences between Black and non-black patients with respect to disposition are small. (See Table 3.)

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[1]Note, however, that other sources reveal important differences. For example, hypertension is seen significantly more in Blacks (22) in the general Black population (as opposed to the Black subpopulation which received office-based care).

TABLE 1

NUMBER AND PERCENT OF VISITS BY
PATIENT AGE AND PATIENT COLOR: 1975

Patient Age	Total		Patient Color			
			Black		Non-Black	
	Number	Percent	Number	Percent	Number	Percent
Total	567,500,058	100.00	46,715,914	100.00	520,884,144	100.00
Under 15	99,010,014	17.44	7,881,762	16.87	91,128,252	17.49
15-24	86,570,832	15.25	7,543,220	16.15	79,027,612	15.17
25-44	143,524,564	25.29	14,580,130	31.21	128,944,434	24.75
45-64	145,434,090	25.62	11,587,543	24.80	133,846,547	25.70
Over 65	93,060,558	16.40	5,123,259	10.97	87,937,299	16.88

TABLE 2

PERCENT OF VISITS BY MAJOR ICDA-DX
CATEGORIES AND PATIENT COLOR: 1975

Major ICDA-DX Categories	Percent Black	Percent Non-Black
Infective and Parasitic Diseases	5.25	3.90
Neoplasms	1.42*	2.43
Endocrine, Nutritional, and Metabolic Diseases	4.59	4.23
Diseases of Blood	0.65*	0.85
Mental Disorders	3.75	4.47
Diseases of the Nervous System	5.43	5.43
Diseases of the Circulatory System	10.42	9.89
Diseases of the Respiratory System	15.64	13.98
Diseases of the Digestive System	3.71	3.52
Diseases of the Genito-Urinary System	8.66	6.45
Skin Diseases	4.68	5.06
Diseases of the Musculo Skeletal System	6.30	5.72
Symptoms and Ill-Defined Conditions	4.62	4.61
Accidents, Poisonings, and Violence	7.60	7.17
Special Conditions	15.98	17.92
All Other	0.63*	0.58
None	0.20*	0.49
Unknown	0.44*	0.59
Other	0.02**	0.00**

* Cell size < 1,000,000
** Cell size < 100,000

TABLE 3

PERCENT OF VISITS BY DISPOSITION
OF VISIT AND PATIENT COLOR: 1975

Disposition of Visit	Percent Black	Percent Non-Black
No Follow-up	13.27	13.12
Return Specific Time	55.61	59.37
Return if Needed	25.72	22.00
Telephone Follow-up	2.00**	3.82
Referral	3.68*	2.75
Return	0.97**	0.89
Admit to Hospital	2.05**	2.13
Other	0.76**	0.93

*Cell size 2,000,000
**Cell size <1,000,000 but >300,00
All other cells >5,000,000

TABLE 4

PERCENT OF VISITS BY SERIOUSNESS
OF PROBLEM AND PATIENT COLOR: 1975

Seriousness of Problem	Percent Black	Percent Non-Black
Serious or Very Serious	18.51	18.88
Slightly Serious	35.90	32.05
Not Serious	45.59	49.08

Return visits. Over sixty-two percent (62.3 percent) of non-blacks were described as patients returning for care of an old problem, but only 54.1 percent of Blacks were similarly described. Blacks were somewhat more likely than whites to be new patients (17.3 percent vs. 14.7 percent for non-blacks), or old patients with new problems (28.7 percent vs. 22.9 percent).

Seriousness of problem. The patient groups are roughly equal in the proportion having a serious or very serious problem (18 percent) (Table 4). Black patients were slightly more likely to be visiting for a slightly serious reason. This may be a result of the more frequent use of doctors by pregnant Black women in the 25-44 age group (21.8 percent vs 16.2 percent). Otherwise considering sex, age, and patient color jointly (Table 5), patterns of Black and non-black visits are similar.

Use of specialists. Blacks seem to be somewhat more likely to visit doctors in general practice and in family practice than non-blacks (Table 6). About 46.9 percent of Black visits, and 40.8 percent of non-black visits were to family physicians. Blacks were more likely to visit obstetricians and gynecologists (11.9 percent in comparison to 8.2 percent for non-blacks). While there was little difference in Black and non-black visits to general surgeons, fewer Black visits were to other surgical specialties (9.7 percent vs. 14.3 percent).

TABLE 5

PERCENT OF VISITS BY
SEX AND AGE, AND PATIENT COLOR: 1975

Sex and Age	Percent Black	Percent Non-Black
Females Less than 15	8.74*	8.07
Females 15-24	11.95	9.89
Females 25-44	21.81	16.22
Females 45-64	14.84	15.50
Females 65 and over	7.14*	10.37
Males Less than 15	8.13*	9.42
Males 15-24	4.20*	5.28
Males 25-44	9.40*	8.54
Males 45-64	9.96*	10.19
Males 65 and over	3.83*	6.51

* Cell size > 1,000,000, <5,000,000

TABLE 6

PERCENT OF VISITS BY
PHYSICIAN SPECIALTY AND PATIENT COLOR: 1975

Physician Specialty	Percent Black	Percent Non-Black
Family	46.94	40.84
Internal Medicine	9.93*	11.03*
Pediatrics	8.03*	8.24
Other Medical Specialty	4.26*	5.62
General Surgery	6.12*	7.38
Obstetrics and Gynecology	11.87	8.17
Other Surgical Specialties	9.72*	14.31
Psychiatry	1.24**	2.73
Other	1.87**	1.68

* Cell size < 5,000,000, > 1,000,000
** Cell size > 500,000, <1,000,000

V. THE BLACK PHYSICIAN PRACTICE SETTING

In 1975, there were an estimated 576.6 million office visits to physicians without respect to physician color. (13) The average number of office visits per American citizen was thus 2.7 per year. About eight percent of patient visits were to osteopaths (D.O.) and the remaining 92 percent were to doctors of medicine (M.D.). Two of every five visits were to a family or general practitioner, and three of every five were to a physician in solo, rather than group, practice. The annual visit rates for the four geographical regions of the country were close. People in metropolitan areas show a slightly higher rate (2.9 visits) than those in non-metropolitan areas (2.3 visits). Females accounted for 60 percent of all visits.[1]

About 85 percent of office visits (without respect to physician color) were by patients whom the doctor had seen before. Three-quarters (75 percent) of the visits were less than 15 minutes in duration. These were defined as face-to-face contacts with the physicians; time spent in waiting, contact with other health specialists, and the like were not counted.

Most visits (about 81 percent) to office-based physicians were for "not serious" or "slightly serious" problems. Older patients also were more likely to have serious problems; almost one in three (29.4 percent) visits by people over 65 was considered serious or very serious. About one in ten

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[1]Note that the unit of counting is visits, not patients.

visits by those under age 25 was considered serious or very serious.

These practice characteristics are for Black and white practices combined. In what follows, we separate and compare the contexts within which Black physicians and white physicians practice. This description provides a background for interpreting differences in treatment practices in the following section.

In this comparison we look at:

- Black practice conditions compared with white practice conditions, and
- the problems of patients of Black physicians compared with those of white physicians.

Black Physician Practice Compared with White Physician Practice

In 1975, there were approximately 200,000 office-based physicians. These comprised about 59 percent of the 359,683 non-federal physicians in practice.(14) There are no precise estimates of the number of Blacks in this group, but the number of Black physicians is believed to be about 8,000 or about 2.2 percent of the total number of physicians. Since Black physicians are more likely than whites to specialize in family or general medicine, the proportion of Blacks among office-based physicians may be higher than 2.2 percent.

Color of patients. The one overwhelming difference between Black and non-black physicians is that Black physicians see Black patients, while non-black doctors in the main see non-black patients. Eighty-seven percent of patient visits

to Black doctors were by Black patients in the 1975 survey, and 90 percent of patient visits to non-black physicians were by non-Blacks. Black physicians' treatment practices can thus be expected to be affected by the special economic and health problems of their Black patient population.[1]

Sex of patients. For both Black and non-black physicians, the majority of patient visits were by females. Almost two-thirds (65.9 percent)[2] of patient visits to Black physicians were by females, whereas 60.4 percent of patient visits to non-Black physicians were by females. The greater percent of females who visit Black physicians may be explained, to some extent, by the fact that nine in ten patient visits to Black physicians are by Blacks and that Black women have a higher rate of conception and pregnancy than white women.

Locus of practice. It can be assumed that Black physicians are much more likely to be practicing in cities, for among all patient visits to Black doctors over 92 percent occur in metropolitan areas; only 73 percent of patient visits to non-black physicians occur in metropolitan areas. This difference holds for both Black and white patients of Black and of white physicians. (See Table 7.)

Type of practice. Black physicians are much more likely to be in solo practice than in a partnership or group. Of all

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[1] In numbers, the great majority of Black patients see non-black physicians. Approximately 5 million patient visits by Blacks were to Black physicians in 1975, whereas over 41 million Black patient visits were to non-black physicians.

[2] Cell size < 5 million, > 1,000,000.

TABLE 7

PERCENT OF PATIENT VISITS TO BLACK AND NON-BLACK PHYSICIANS BY LOCATION OF PRACTICE AND PATIENT COLOR: 1975

Location of Practice	Total	White	Black	Other
Patient Visits to Black Physicians				
Metro	92.28	94.43*	91.79	100.00**
Non-Metro	7.72*	5.57*	8.21**	-
Patient Visits to Non-Black Physicians				
Metro	72.68	72.65	69.30	85.79
Non-Metro	27.32	27.35	30.70	14.21*

* Cell size <5,000,000, >400,000
** Cell size 15,000

patient visits to Black physicians, 82.6 percent were to physicians in solo practice compared to 59.6 percent of visits to non-black physicians.

Patient population seen. Whites were more likely than members of other races to visit office-based physicians, with an annual rate of 2.8 visits, compared with a rate of 2.2 visits per year for members of other races (13). Visits to hospital emergency rooms and clinics are much more frequent for non-whites than whites. This use of emergency rooms and clinics by Blacks may selectively distort the patient population seen in Black physicians' offices as compared with the population seen by white physicians.

Comparison of Problems of Patients Seen by Black and by Non-black Physicians

Here we look at the problems of patients without respect to patient color; instead, patients are grouped by the color of the physician seen. This provides comparative facts about the nearly all-Black patient population actually seen by Black physicians and the Black/white/other mix of patients seen by non-black physicians.

Acute Conditions. Both Black and non-black physicians see acute cases one-third of the time and chronic cases about one-quarter of the time. Black physicians see slightly more acute follow-up patients than non-black.

About thirty-one percent (30.9 percent) of white patients of non-black physicians had an acute condition, whereas 37.8

percent of non-white patient visits were for acute conditions. This difference suggests that a Black patient may be more likely to go to a doctor's office only when his or her condition is acute. (See Table 8 and the discussion of seriousness below.)

Reason for visit. When total patient visits are compared on the basis of reason for visit by physician color, similar patterns are seen. However, two differences may be noted--in the post-operative category and in the acute follow-up category. (See Table 9.)

A comparison of the reason for visit by patient age (Table 10A and 10B) shows no striking differences between Black and non-black physicians. It should be noted, however, that differences between Black and non-black physicians in the incidence of acute follow-up are consistent in direction for all age groups between the ages of 15 and 64; Black physicians see a higher percentage of acute follow-ups than non-black physicians.

Seriousness of presenting problem. Patterns in the seriousness of presenting patient problems are also similar. (See Table 11.)

Seriousness of the problems of patients visiting Black and non-black physicians is shown by age in Table 12. Slightly less than half of all patient visits are for reasons which are "not serious," about one-third are "slightly serious," and about one-fifth are "serious" or "very serious." However, Black physicians are more likely to attend cases of young adults

TABLE 8

PERCENT OF VISITS TO BLACK AND NON-BLACK PHYSICIANS
BY PATIENT COLOR AND REASON FOR VISIT: 1975

	Reason for Visit						
Black Physicians	Acute	Acute Follow	Chronic	Chronic Flare	Pre-Natal	Post-Natal	Post-Operative
White Patients	26.64**	11.22**	25.97**	11.22***	2.77*	~~0.56~~	5.13***
Other Patients	33.42*	17.87*	23.47*	11.48**	4.26**	0.56***	2.53**
Non-Black Physicians							
White Patients	30.94	12.23	26.20	10.60	3.54	0.62*	6.53
Other Patients	37.85	12.57	22.51	9.89	4.68*	0.88**	4.89*
Black Physicians	Well Adult or Child	Family Plan	Counsel	Immuni-zation	Refer-ral	Admin.	Other
White Patients	9.86***	3.25***	10.42***	3.46***	5.13***	6.15***	5.59***
Other Patients	8.08**	2.51**	5.48**	2.20**	1.62***	1.10***	2.64**
Non-Black Physicians							
White Patients	9.65	1.20	4.97	2.98	2.72	0.44*	4.65
Other Patients	8.07*	1.98*	4.52*	1.83*	3.28*	0.56**	3.25*

* Cell size < 5,000,000, > 1,000,000
** Cell size < 1,000,000, > 100,000
*** Cell size < 100,000, > 10,000
—— Cell size < 10,000

TABLE 9

PERCENT OF VISITS TO PHYSICIANS BY PHYSICIAN COLOR AND PATIENT'S REASON FOR VISIT: 1975

Reason for Visit	Black	Non-Black
Total	100.00	100.00
Acute	32.71*	31.60
Acute Follow	17.17*	12.26
Chronic	23.74*	25.84
Chronic Flare	11.46**	10.54
Pre-Natal	4.10**	3.64
Post-Natal	0.56*	0.64*
Post-Operative	2.81**	6.37
Well Adult or Child	8.27**	9.50
Family Planning	2.59**	1.28
Counsel	6.00**	4.93
Immunization	2.33**	2.87
Referral	1.99**	2.77
Administrative	1.63**	0.45*
Other	2.96**	4.52

* Cell size < 5,000,000, > 1,000,000
** Cell size < 1,000,000, > 100,000
*** Cell size 35,000

TABLE 10-A

PERCENT OF VISITS TO BLACK AND NON-BLACK PHYSICIANS
BY PATIENT AGE AND REASON FOR VISIT: 1975

	Patient Age	Reason for Visit					
		Acute	Acute Follow	Chronic	Chronic Flare	Pre-Natal	Post-Natal
Black Physicians	Total	32.71*	17.17*	23.74*	11.46**	4.10**	0.56***
	Under 15	45.74**	13.66**	7.02***	7.44***	~~0.46~~	1.09***
	15-24	34.23**	19.73**	12.16**	6.18***	12.62**	1.13***
	25-44	35.44**	17.02**	18.84**	11.73**	5.64**	~~0.53~~
	45-64	24.80**	19.98**	38.14**	15.94**	~~0.13~~	~~0.01~~
	Over 65	18.85**	12.87***	52.32**	16.79**	~~0.00~~	~~0.00~~
Non-Black Physicians	Total	31.60	12.26	25.84	10.54	3.64	0.64*
	Under 15	46.95	10.71	10.82	4.80	0.20**	0.85***
	15-24	34.95	11.22	13.71	6.94	12.01	1.72*
	25-44	31.34	12.70	20.41	10.13	6.99	0.86*
	45-64	26.19	13.60	35.47	13.60	0.06**	0.03***
	Over 65	21.08	12.09	46.32	15.78	~~0.01~~	0.04***

*Cell size <5,000,000, > 1,000,000
**Cell size <1,000,000, > 100,000
***Cell size <100,000, >10,000
~~Cell size <10,000

TABLE 10-B

PERCENT OF VISITS TO BLACK AND NON-BLACK PHYSICIANS
BY PATIENT AGE AND REASON FOR VISIT: 1975

	Patient Age	Reason for Visit							
		Post-Operative	Well Adult	Family Planning	Counsell-ing	Immuni-zation	Referral	Administra-tive Order	Other
Black Physicians	Total	2.81**	8.27**	2.59**	6.00**	2.33**	1.99**	1.63***	2.96**
	Under 15	1.52***	23.12**	~~0.10~~	6.00***	10.76**	2.06***	~~0.79~~	2.32***
	15-24	2.80***	7.19***	7.19***	6.39***	~~0.42~~	1.89***	4.73***	4.44***
	25-44	3.86***	6.00**	4.19***	7.49**	~~0.25~~	2.26***	1.79***	3.53***
	45-64	2.77***	3.41***	~~0.10~~	4.64***	~~0.45~~	2.21***	~~0.29~~	2.13***
	Over 65	2.28***	2.14***	~~0.06~~	4.48***	~~1.24~~	~~0.91~~	~~0.17~~	1.74***
Non-Black Physicians	Total	6.37	9.50	1.28	4.93	2.87	2.77	0.45*	4.52
	Under 15	3.79*	21.27	0.20**	3.85*	9.00	1.86*	0.30**	3.60*
	15-24	5.14*	11.01	3.96*	5.81	1.61*	2.37*	0.83**	5.14*
	25-44	7.08	8.73	2.38*	6.52	1.27*	3.32*	0.44**	5.61
	45-64	7.86	5.68	0.12**	4.59	1.54*	3.06*	0.55**	4.42
	Over 65	6.85	2.74*	0.06***	3.33*	2.04*	2.80*	0.12**	3.37*

TABLE 11

PERCENT OF VISITS TO BLACK AND NON-BLACK PHYSICIANS
BY PATIENT COLOR AND SERIOUSNESS OF THE PROBLEM: 1975

	Seriousness of Problem		
	Serious or Very Serious	Slightly Serious	Not Serious
Patient Color	Percent	Percent	Percent
Visits to Black Physicians			
White	19.46**	33.74	46.79**
Other	21.91*	34.16	43.93*
Visits to Non-Black Physicians			
White	18.98	32.12	48.90
Other	17.29	34.44	48.27

*Cell size <5,000,000, >1,000,000.

**Cell size<1,000,000, >100,000.

TABLE 12

PERCENT OF VISITS TO BLACK AND NON-BLACK PHYSICIANS
BY PATIENT AGE AND SERIOUSNESS OF PROBLEM: 1975

Black Physicians			
	Seriousness of Problem		
Patient Age	Serious or Very Serious	Slightly Serious	Not Serious
Under 15	12.52**	31.72 **	55.75**
15-24	17.01**	35.10 **	47.89**
25-44	21.87**	31.09 **	47.04**
45-64	26.73**	37.80 **	35.47**
Over 65	32.95**	36.17 **	30.88**
Non-Black Physicians			
Under 15	11.21	30.86	57.92
15-24	11.42	27.15	61.44
25-44	16.71	31.23	52.07
45-64	23.67	35.46	40.86
Over 65	29.41	35.57	35.02

**Cell size <1,000,000 >100,000

who have a serious or very serious condition. Seventeen percent[1] of patients 15 to 24 years of age seen by Black physicians had a serious or very serious problem, compared to 11.4 percent of patient visits to non-black physicians. A similar difference appears for 25-44 year olds: 21.9 percent[1] of visits to Black physicians were described as serious or very serious, whereas 16.7 percent of patient visits to non-black physicians were described as serious or very serious.

Non-black physicians saw more cases which were not serious in nature across all age groups. For example, in the over-65 range, about 35 percent of non-black physicians' patient visits were described as not serious, whereas 30.9 percent[1] of the elderly visits to Black physicians were described as not serious.

The reasons for a difference in the seriousness of visits to Black and non-black physicians is not immediately apparent. We can speculate that since Black physicians' patients are more likely to be poor Blacks, it may be that such patients visit doctors only in circumstances where there is an acute or serious problem. Such patients may be constrained from visiting doctors on a regular basis because of the expense. A greater portion of visits to non-black physicians may be for prevention and early care, rather than a medical crisis.

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[1]Cell size 200,000

[2]Cell size 350,000

VI. TREATMENT PRACTICES OF BLACK PHYSICIANS COMPARED WITH THOSE OF WHITE PHYSICIANS

The treatment practices examined in this section are limited to three attributes of care under physician control:

- Duration of visit to the physician's office
- Disposition of each visit
- Diagnostic and therapeutic services ordered by the physician

This definition of treatment practices was not set prospectively; it was determined by the fact that these are the only attributes of office care under physician control that are reported in NAMCS data. Other definitions of treatment practices are clearly possible, but could not be employed in this study.

Disposition

The disposition categories used in collecting NAMCS data are listed in Table 13. This table also presents an overview of the estimated distribution of visits by disposition category for 1975 by physician color and by patient color.

In Table 14, disposition is arrayed by patient sex. It can be seen that females are requested to return at a specific time more often than males by both Black and non-black physicians. However, Black physicians employ this disposition overall for both sexes more often than non-black physicians (67% vs. 59%).

TABLE 13

PERCENT OF VISITS TO BLACK PHYSICIANS BY DISPOSITION OF VISIT AND PATIENT COLOR: 1975

Disposition	Total Number	Total Percent	White	Black	Other
Black Physicians					
Total	5,862,578	100.00	100.00**	100.00	100.00**
No Followup	538,834	9.19	13.83***	8.69**	7.17***
Return Specific Time	3,927,652	67.00	58.94**	68.26*	56.88***
Return If Needed	1,140,109	19.45	21.73**	18.74**	34.29***
Telephone Followup	115,882	1.98	2.48***	1.96**	~~0.57~~
Referral	173,832	2.97	3.15***	2.95**	~~2.68~~
Return	22,566	0.38	~~0.61~~	0.36***	~~0.25~~
Admit To Hospital	121,877	2.08	2.73***	2.04**	~~0.76~~
Other	36,295	0.60	~~0.61~~	0.62***	0.00
Non-Black Physicians					
Total	561,737,480	100.00	100.00	100.00	100.00
No Followup	74,003,187	13.17	13.12	13.83	13.21*
Return Specific Time	331,291,115	58.98	59.24	54.05	64.80
Return If Needed	125,490,075	22.34	22.16	26.57	15.20*
Telephone Followup	20,717,710	3.69	3.83	2.00**	3.41**
Referral	15,868,632	2.82	2.75	3.77*	2.86**
Return	5,041,496	0.90	0.90*	1.04**	0.10***
Admit To Hospital	11,939,760	2.13	2.15	2.15**	1.50**
Other	5,181,921	0.92	0.91*	0.78**	1.77**

* Cell size < 5,000,000, > 1,000,000
** Cell size < 1,000,000 > 100,000
*** Cell size < 100,000, > 10,000
~~ Cell size < 10,000

TABLE 14

PERCENT OF VISITS TO BLACK AND NON-BLACK PHYSICIANS BY SEX OF PATIENT AND DISPOSITION OF VISIT: 1975

Disposition of Visit	Total	Female Percent	Male Percent
Black Physicians			
None	9.19**	8.15**	11.20**
Return at a Specific Time	67.00*	70.18*	60.85*
Return if Needed	19.45*	18.01**	22.22*
Telephone Followup	1.98**	1.86***	2.20***
Referral	2.97**	2.67**	3.53***
Return	0.38***	0.42***	~~0.33~~
Admit to Hospital	2.08**	2.10***	2.04***
Other	0.60***	0.52***	0.76***
Non-black Physicians			
None	13.17	11.64	15.51
Return at a Specific Time	58.98	61.89	54.54
Return if Needed	22.34	21.56	23.52
Telephone Followup	3.69	3.67	3.71
Referral	2.82	2.58	3.19
Return	0.90	0.84*	0.98*
Admit to Hospital	2.13	1.99	2.33
Other	0.92	0.88*	0.99*

* Cell size <5,000,000, >1,000,000
** Cell size <1,000,000, >100,000
*** Cell size <100,000, >10,000
~~—~~ under 10,000

Examination of Table 15 shows that "return at a specific time" is used most often for old patients with new problems by both Black and non-black physicians. The more frequent use of this category by Black physicians is consistent for all three types of patients.

The data in Table 16 suggest that the more frequent use of the "return at a specific time" disposition by Black physicians is associated with less serious problems rather than with serious or very serious problems.

When we return to Table 13 to trace further the source of this apparent difference, it can be seen that it is the Black physician's use of this disposition for Black patients (as opposed to white patients of Black physicians) which is noteworthy. Black physicians ask for return at a specific time in 68% of Black patient visits, but in only 59% of white patient visits. The latter percent matches the overall use of this category by non-black physicians (59%).

Duration of Office Visit

In the tabled NAMCS data, duration of visits is partitioned as shown in Table 17. This table also presents an overview of how visit duration is distributed by patient color and by physician color. Distributions for Black physicians are similar to those for white physicians. Similarity appears even more clearly in Table 18 in which cumulative percents are displayed.

TABLE 15

PERCENT OF VISITS TO BLACK PHYSICIANS BY DISPOSITION AND STATUS OF VISITS: 1975

Black Physicians			
Disposition of Visit	New Patient	Old Patient New Problem	Old Patient Old Problem
No Followup	16.12 **	5.43**	14.47**
Return Specific Time	57.44**	74.16*	54.65**
Return if Needed	17.14**	18.37**	23.53**
Telephone Followup	1.79***	1.23**	3.96***
Referral	4.59***	2.15**	4.05***
Return	1.28***	0.26**	~~0.18~~
Admit to Hospital	4.16***	1.34**	2.70***
Other	~~0.79~~	0.52**	0.71***
Non-Black Physicians			
No Followup	20.44	8.90	19.80
Return Specific Time	44.92	69.92	39.12
Return if Needed	22.55	18.36	32.70
Telephone Followup	3.93*	2.61	6.37
Referral	3.92*	2.17	3.84
Return	2.95*	0.58*	0.42**
Admit to Hospital	4.31*	1.65	2.00*
Other	1.84*	0.68*	0.96*

* Cell size <5,000,000, >1,000,000
** Cell size <1,000,000, >100,000
*** Cell size <100,000, >10,000
— <10,000

TABLE 16

PERCENT OF VISITS TO BLACK AND NON-BLACK PHYSICIANS BY DISPOSITION OF VISIT AND SERIOUSNESS OF PROBLEM: 1975

Disposition of Visit	Serious or Very Serious	Slightly Serious	Not Serious
Black Physicians			
No Followup	3.11***	5.01**	15.39**
Return Specific Time	75.01**	70.17*	60.68**
Return if Needed	13.05**	21.45**	21.03**
Telephone Followup	1.68***	1.78***	2.28***
Referral	4.34***	2.89***	2.35***
Return	~~0.26~~	~~0.24~~	0.55***
Admit to Hospital	5.68***	1.72***	0.59***
Other	1.12***	0.36***	0.53***
Non-Black Physicians			
No Followup	3.60*	8.34	20.07
Return Specific Time	74.31	59.42	52.77
Return if Needed	13.15	25.58	23.73
Telephone Followup	3.15*	4.69	3.23
Referral	5.08	3.13	1.75
Return	1.12*	0.98*	0.75*
Admit to Hospital	6.17	1.99*	0.65*
Other	1.30*	0.83*	0.84*

* Cell size <5,000,000, >1,000,000
** Cell size <1,000,000, >100,000
*** Cell size <100,000, >10,000
— <10,000

TABLE 17

NUMBER AND PERCENT OF VISITS TO BLACK AND NON-BLACK PHYSICIANS BY DURATION OF VISIT AND PATIENT COLOR: 1975

Duration of Visit	Number	Total Percent	White Percent	Black Percent	Other Percent
Black Physicians					
Total	5,862,578	100.00	100.00**	100.00	100.00**
Zero	17,281	0.29	~~0.94~~	0.22***	~~0.20~~
1-5	794,144	13.55	19.29**	12.44**	27.72***
6-10	2,140,865	36.52	27.27**	38.02*	23.14***
11-15	1,594,055	27.19	24.43**	27.54*	26.46***
16-30	1,131,278	19.30	20.18**	19.14*	20.96***
31-60	171,319	2.92	6.87***	2.49**	~~1.19~~
61+	13,636	0.23	~~1.02~~	~~0.14~~	~~0.15~~
Non-Black Physicians					
Total	561,737,480	100.00	100.00	100.00	100.00**
Zero	6,763,923	1.20	1.31	0.19**	~~0.20~~
1-5	90,935,418	16.19	15.45	23.22	27.72***
6-10	175,300,927	31.21	31.10	32.22	23.14***
11-15	150,369,885	26.77	26.92	25.31	26.46***
16-30	106,577,541	18.97	19.33	15.63	20.96***
31-60	29,360,258	5.23	5.43	3.28*	~~1.19~~
61+	2,429,528	0.43	0.46*	0.16***	~~0.15~~

* Cell size <5,000,000, >1,000,000
** Cell size <1,000,000, >100,000
*** Cell size <100,000, >10,000
~~ <10,000

TABLE 18

PERCENT OF VISITS TO BLACK PHYSICIANS AND TO NON-BLACK PHYSICIANS BY DURATION OF VISIT: 1975

Duration of Visit in minutes	Physician Color	
	Black	Non-Black
Zero	0.29	1.20
0 - 5	13.84	17.39
0 - 10	50.36	48.60
0 - 15	77.55	75.37
0 - 30	96.85	94.34
0 - 60	99.77	99.57
0 - 61+	100.00	100.00

Table 19 shows the distribution of visit time by the seriousness of the problem. Here it may be noted that Black physicians appear to devote less time to serious or very serious cases. Thus, 13% of visits in this category were seen for more than 30 minutes by non-black physicians, while Black physicians saw serious or very serious cases for more than 30 minutes only 6% of the time. Except for this minor difference, the distributions in Table 19 are quite comparable.

Length of visit by sex of patient is displayed in Table 20. Physicians of both colors allocate more long visits to female patients than to males. This bias is in the form of long visits for female patients is more pronounced for Black physicians than for non-black physicians; however, both Black and non-black physicians see 24% of their female patients for 16 minutes or more.

Reason for visit is arrayed by visit duration in Table 21 for Black and non-black physicians. Comparison of the cells in the Black physician matrix (N=105 cells) with matching cells in the non-black physician matrix reveals several apparent differences which should be interpreted cautiously in a retrospective analysis. For example, Black physicians appear to devote less time to acute follow-up than non-black (71% less than 11 minutes vs. 53% less than 11 minutes). For another example, Black physicians report far fewer lengthy visits (over 15 minutes) under the administration category.

TABLE 19

PERCENT OF VISITS TO BLACK PHYSICIANS AND NON-BLACK PHYSICIANS BY DURATION OF VISIT AND SERIOUSNESS OF PROBLEM: 1975

Black Physicians

Duration of Visit (Minutes)	Serious or Very Serious	Slightly Serious	Not Serious
Zero	~~0.23~~	~~0.31~~	~~0.31~~
1-5	9.14**	11.49**	17.29
6-10	29.50**	41.42**	36.17
11-15	28.19**	25.77**	27.80
16-30	27.15**	18.59**	16.00
31-60	5.20***	2.20***	2.36
61+	~~0.59~~	~~0.23~~	~~0.06~~

Non-Black Physicians

Duration of Visit (Minutes)	Serious or Very Serious	Slightly Serious	Not Serious
Zero	0.54***	1.31*	1.39
1-5	8.92	16.05	19.08
6-10	23.93	32.64	33.07
11-15	27.60	26.12	26.88
16-30	26.12	19.02	16.19
31-60	11.91	4.48	3.14
61+	0.98*	0.39**	0.25

* Cell size < 5,000,000 >1,000,000
** Cell size < 1,000,000, >100,000
*** Cell size < 100,000, >10,000
~~ Cell size < 10,000

TABLE 20

PERCENT OF VISITS TO BLACK AND NON-BLACK PHYSICIANS BY DURATION OF VISITS AND SEX OF PATIENTS: 1975

	Duration of Visit (Minutes)	Sex of Patient: Female	Sex of Patient: Male
Black Physicians	Zero	48.59***	51.41***
	1- 5	63.49**	36.51**
	6-10	64.48*	35.52**
	11-15	65.18*	34.82**
	16-30	70.74**	29.26**
	31-60	69.79**	30.21***
	61+	69.97***	~~30.03~~
Non-Black Physicians	Zero	50.78*	49.22*
	1- 5	59.81	40.19
	6-10	60.25	39.75
	11-15	62.15	37.85
	16-30	60.21	39.79
	31-60	56.49	43.51
	61+	57.30*	42.70*

* Cell size < 5,000,000, >1,000,000
** Cell size < 1,000,000, >100,000
*** Cell size < 100,000, >10,000
/ Cell size < 10,000

TABLE 21-A

PERCENT OF VISITS TO BLACK PHYSICIANS
BY DURATION AND REASON FOR VISIT: 1975

Black Physicians

Duration of Visit (Minutes)	Reason for Visit							
	TOTAL	ACUTE	ACUTE FOLLOW	CHRONIC	CHRONIC-FLARE	PRE-NATAL	POST-NATAL	POST-OP
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00*	100.00
Zero	0.29	0.18**	0.39**	8.13**	0.18**	1.09**	0.00	0.00
1-5	13.55	10.43*	13.53	14.04	11.68	22.55*	21.25**	20.37*
6-10	36.52	33.90	56.70	31.09	28.80	52.82*	44.07*	33.16
11-15	27.19	30.16	17.70	29.84	27.82	13.10*	26.42**	28.19*
16-30	19.30	22.19	10.42	21.69	26.67	10.16*	8.26**	16.52*
31-60	2.92	2.98*	1.25*	2.93*	4.51*	0.28**	0.00	1.22**
61+	0.23	8.18**	0.01**	0.29**	0.33**	0.00	0.00	0.54**

* Cell size < 5,000,000, >1,000,000
** Cell size < 1,000,000, >100,000
*** Cell size < 100,000, >10,000
— Cell size < 10,000

TABLE 21-B

PERCENT OF VISITS TO BLACK PHYSICIANS
BY DURATION AND REASON FOR VISIT: 1975

Black Physicians

Duration of Visit (Minutes)	Reason for Visit							
	TOTAL	WELL ADULT OR CHILD	FAMILY PLAN	COUNSEL	IMMUNIZ.	REFERRAL	ADMIN	OTHER
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Zero	0.38	0.00**	1.11	0.00**	0.00	0.00	0.00	0.34*
1-5	13.55	12.18*	11.64*	6.54*	31.38*	10.71*	9.77*	14.32*
6-10	36.52	27.22	32.97*	27.63	33.79*	11.53*	62.59*	19.63*
11-15	27.19	31.00	31.45*	29.47	23.16*	19.96*	17.35*	30.48*
16-30	19.30	22.55	21.30*	23.88*	11.67*	45.81*	8.59*	20.71*
31-60	2.92	6.23*	2.64**	10.38*	0.00	11.66*	0.70**	14.04*
61+	0.23	0.44**	0.00	0.99**	0.00	0.32**	0.00	0.48*

* Cell size < 5,000,000, >1,000,000
** Cell size < 1,000,000, >100,000
*** Cell size < 100,000, >10,000
— Cell size < 10,000

TABLE 21-C

PERCENT OF VISITS TO NON-BLACK PHYSICIANS
BY DURATION AND REASON FOR VISIT: 1975

Non-Black Physicians

Duration of Visit (Minutes)	Reason for Visit							
	TOTAL	ACUTE	ACUTE FOLLOW	CHRONIC	CHRONIC FLARE	PRE-NATAL	POST-NATAL	POST-OP
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Zero	1.20	0.36	0.58	1.96	0.83	0.00	0.00	0.64
1-5	16.19	15.97	19.22	13.07	10.05	39.50	19.78	26.60
6-10	31.21	35.17	33.34	27.92	28.32	33.78	31.53	34.56
11-15	26.77	26.02	25.92	28.47	28.82	17.19	24.04	34.61
16-30	18.97	18.85	16.22	21.47	25.03	8.28	12.79	13.09
31-60	5.23	3.27	4.45	6.53	6.47	1.24	1.00*	1.02
61+	0.43	0.37	0.27	0.59	0.49	0.00	0.00	0.05*

* Cell size <5,000,000, >1,000,000
** Cell size <1,000,000, >100,000
*** Cell size <100,000, >10,000
—— Cell size <10,000

TABLE 21-D

PERCENT OF VISITS TO NON-BLACK PHYSICIANS
BY DURATION AND REASON FOR VISIT: 1975

Non-Black Physicians

Duration of Visit (Minutes)	TOTAL	WELL ADULT OR CHILD	FAMILY PLAN	COUNSEL	IMMUNIZ.	REFERRAL	ADMIN	OTHER
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Zero	1.20	0.26	0.00	0.10*	12.72	0.51	0.53*	4.60
1-5	16.19	7.01	10.18	8.17	25.40	6.97	10.25	10.95
6-10	31.21	28.84	30.27	22.74	26.42	17.10	19.48	19.00
11-15	26.77	34.61	30.56	26.93	22.98	21.58	26.29	22.89
16-30	18.97	22.75	23.65	22.81	11.56	33.36	32.36	21.84
31-60	5.23	6.07	5.35	17.86	0.83	18.15	10.36	19.47
61+	0.43	0.45	0.00	1.39	0.11*	2.32	0.72*	1.25

* Cell size <5,000,000, >1,000,000
** Cell size <1,000,000, >100,000
*** Cell size <100,000, >10,000
— Cell size <10,000

Table 22 displays length of visit by diagnostic category for Black and for non-black physicians (126 cells each). This table may be useful as a source of hypotheses to be tested by well-designed research.

Services Ordered (Diagnosis and Treatment)

The coding categories used in NAMCS to describe services ordered by physicians are shown in Table 23. This table also provides a detailed matrix which arrays services ordered by reason for visit (180 cells for Black physicians and 180 cells for white physicians). These detailed matrices may provide useful points of departure for future research.

When the Total column in Table 23C is compared with the Total column in Table 23D, three apparent differences between Black and non-black treatment practices appear:

	% Of Visits Non-black Physicians	% Of Visits Black Physicians
Blood Pressure Check	33.0%	44.6%
Drug Prescribed	44.2%	58.7%
Injection	13.7%	19.1%

The more frequent blood pressure checks by Black physicians are warranted inasmuch as they serve a predominantly Black population.

TABLE 22-A

PERCENT OF VISITS TO BLACK PHYSICIANS BY MAJOR ICDA-DX CATEGORIES
AND DURATION OF VISIT: 1975

Black Physicians

ICDA-DX Categories	Total	Duration of Visit (Minutes)						
		Zero	1-5	6-10	11-15	16-30	31-60	61+
Total	100.00	0.29***	13.55**	36.52*	27.19*	19.30*	2.92**	0.23***
INF-PAR DIS	100.00	~~0.00~~	10.43***	37.42***	31.36***	19.05***	~~1.38~~	~~0.36~~
NEOPLSM	100.00	~~0.00~~	~~8.52~~	22.08***	31.03***	34.45***	3.92	~~0.00~~
END-NUT MET DIS	100.00	~~1.70~~	11.10***	33.96**	27.22***	24.73***	~~1.28~~	~~0.00~~
DIS OF BLOOD	100.00	~~0.00~~	~~8.21~~	~~26.09~~	32.01***	31.84***	~~1.85~~	~~0.00~~
MENTAL DIS	100.00	~~0.00~~	10.24***	51.25**	11.15***	11.95***	13.45***	~~1.96~~
DISEASE NERVSYS	100.00	~~0.48~~	12.71***	23.13***	34.14***	22.63***	6.63***	~~0.28~~
DISEASE CIRCSYS	100.00	~~0.00~~	9.56**	34.84**	28.94**	24.22**	2.33***	~~0.11~~
DISEASE RESPSYS	100.00	~~0.41~~	18.72***	44.18**	25.24**	11.01***	~~0.44~~	~~0.00~~
DISEASE DIGSYS	100.00	~~0.37~~	9.31***	29.90***	32.33***	24.36***	~~3.73~~	~~0.00~~
SKIN DIS	100.00	~~0.25~~	15.34***	42.15**	29.39***	11.70***	~~1.18~~	~~0.00~~
MUSKELT	100.00**	~~0.18~~	12.44***	36.34**	25.01***	22.44***	3.59***	~~0.00~~
SYMPTOM	100.00**	~~0.18~~	8.44***	41.03**	25.21***	20.32***	4.75***	~~0.07~~
ACDENT	100.00**	~~0.00~~	15.86***	31.47***	28.31***	22.83***	~~1.53~~	~~0.00~~
SPECL CONDS	100.00**	~~0.30~~	19.56**	35.69**	26.04**	16.09**	1.91***	~~0.41~~
ALL OTHER	100.00***	~~4.62~~	~~15.71~~	~~33.11~~	~~22.18~~	~~20.88~~	~~3.49~~	~~0.00~~
NONE	100.00***	~~0.00~~	~~27.26~~	~~29.77~~	~~24.87~~	~~13.75~~	~~4.36~~	~~0.00~~
UNKNOWN	100.00***	~~0.00~~	~~13.91~~	27.80***	33.72***	~~17.79~~	~~6.78~~	~~0.00~~
OTHER	~~100.00~~	~~0.00~~	~~100.00~~	~~0.00~~	~~0.00~~	~~0.00~~	~~0.00~~	~~0.00~~

* Cell size < 5,000,000, >1,000,000
** Cell size < 1,000,000, > 100,000
*** Cell size < 100,000, > 10,000
~~ Cell size < 10,000

TABLE 22-B

PERCENT OF VISITS TO NON-BLACK PHYSICIANS BY MAJOR ICDA-DX CATEGORIES AND DURATION OF VISIT: 1975

Non-Black Physicians

ICDA-DX Categories	Total	Duration of Visit (Minutes)						
		Zero	1-5	6-10	11-15	16-30	31-60	61+
Total	100.0	1.20	16.19	31.21	26.77	18.97	5.23	0.43*
INF-PAR DIS	100.0	0.31***	18.53*	37.08	28.55	13.48*	2.00**	~~0.04~~
NEOPLSM	100.0	0.39***	14.65	27.94*	27.08*	24.88*	4.63**	0.44***
END-NUT MET DIS	100.0	3.00**	11.32*	26.57	32.16	22.35	4.25*	0.34***
DIS OF BLOOD	100.0*	4.92**	23.91*	27.63*	21.38*	17.12**	4.59**	0.45***
MENTAL DIS	100.0	0.25***	4.82*	12.31*	13.32*	20.44	45.61	3.26**
DISEASE NERVSYS	100.0	0.41**	12.21	29.17	27.35	24.37	5.34*	0.66**
DISEASE CIRCSYS	100.0	0.91**	10.94	30.10	31.37	22.15	4.14*	0.39**
DISEASE RESPSYS	100.0	2.16*	19.83	39.06	23.67	13.62	1.38*	0.27**
DISEASE DIGSYS	100.0	0.05***	13.09	30.00	28.14	22.34*	4.86**	0.53**
SKIN DIS	100.0	1.31**	24.48	35.77	23.97	12.50*	1.88**	~~0.08~~
MUSKELT	100.0	0.45**	11.36*	29.36	30.20	24.58	3.69*	0.40**
SYMPTOM	100.0	1.33**	10.14*	27.19	27.29	25.01	8.33*	0.71**
ACDENT	100.0	0.85**	18.45	33.67	25.21	19.55	2.12**	0.16***
SPECL CONDS	100.0	1.53*	22.12	31.50	26.62	15.17	2.92*	0.14**
ALL OTHER	100.0*	~~0.00~~	12.49**	31.82*	27.09**	21.40**	6.55**	0.64***
NONE	100.0*	3.02***	22.14**	24.16**	32.94**	14.08**	3.30***	~~0.35~~
UNKNOWN	100.0*	8.62**	11.36**	31.00**	22.69**	22.57**	3.75**	~~0.00~~
OTHER	100.0***	~~0.00~~	~~1.58~~	~~0.00~~	46.10***	~~0.00~~	52.32***	~~0.00~~
DISEASE GUSYS	100.0	0.34**	15.55	30.22	30.21	20.95	2.59**	~~0.14~~

* Cell size < 5,000,000, >1,000,000
** Cell size < 1,000,000, > 100,000
*** Cell size < 100,000 >10,000
~~ Cell size < 10,000

TABLE 23-A

NUMBER OF VISITS TO NON-BLACK PHYSICIANS BY SERVICES ORDERED AND REASON FOR VISIT: 1975

Diagnostic and Therapeutic Services Ordered	Total	Reason for Visit													
		Acute	Acute Followup	Chronic	Chronic Flareup	Pre-Natal	Post-Natal	Post-Operative	Well Adult or Child	Family Planning	Counsel	Immunization	Referral	Administrative	Other
Total	561,737,141	177,532,212	68,861,381	145,172,505	59,186,585	20,475,227	3,606,871	35,797,823	53,341,840	7,178,417	27,681,351	16,118,352	15,556,004	2,530,619	25,362,876
None	15,099,144	2,226,807	1,911,687	2,122,669	621,077	1,261,368	121,704	3,877,766	1,900,401	80,026	522,967	414,707	372,074	162,161	1,337,180
Limited Exam	288,188,866	109,035,448	39,188,902	72,441,484	33,508,860	13,001,539	1,699,040	17,428,333	14,501,214	3,887,344	12,115,260	3,173,878	5,977,422	878,745	6,192,562
General Exam	88,215,592	27,986,964	5,165,174	16,248,643	7,958,732	2,635,597	940,207	1,592,049	28,997,952	1,926,405	4,954,944	3,748,758	5,383,854	885,741	3,642,271
Lab Test	128,319,687	38,560,000	11,251,179	31,921,859	13,460,213	11,934,675	1,275,749	3,411,883	22,942,844	3,928,568	6,747,314	1,838,739	3,602,707	928,493	4,587,449
Blood Pressure Check	185,564,654	49,776,244	19,398,973	63,065,640	22,532,924	14,443,106	1,537,272	4,085,844	21,280,953	4,083,376	10,194,825	2,121,040	4,563,118	1,225,169	4,598,478
EKG	19,033,693	5,164,234	2,218,376	6,925,659	2,592,436	112,814	9,511	175,853	3,340,700	9,063	685,431	57,372	1,098,800	53,014	697,431
Hearing Test	7,713,231	1,578,635	491,736	1,146,829	822,042	39,188	000	277,530	3,192,417	29,862	379,619	341,190	748,182	338,481	179,425
Vision Test	26,480,837	3,975,699	1,371,304	7,858,115	1,424,401	25,840	34,095	1,715,309	8,324,892	64,258	547,416	645,846	1,195,085	560,819	3,760,330
Endoscopy	6,666,202	1,849,958	590,619	1,893,984	955,298	24,116	15,836	468,965	1,081,133	88,260	270,438	12,387	497,433	16,854	295,958
Office Surgery	37,786,013	12,621,785	7,019,847	7,226,983	3,833,331	130,073	28,700	8,127,153	527,436	270,217	736,758	133,797	1,177,878	109,463	2,247,437
Drug Prescribed	248,094,223	112,209,416	28,278,416	64,861,679	33,585,160	3,839,406	1,059,155	5,518,351	10,541,690	3,990,448	10,921,245	1,852,563	4,312,007	666,921	4,636,709
X-Ray	41,780,848	17,709,241	6,219,542	7,330,264	5,214,934	204,003	13,788	2,318,635	4,195,999	103,656	1,240,627	193,019	2,615,611	159,119	1,563,202
Injection	76,963,612	32,041,464	8,895,631	23,253,500	10,999.298	269,290	140,794	1,211,483	2,389,174	99,446	1,730,841	3,425,956	791,321	348,280	1,951,909
Immunization	25,510,046	2,420,267	887,415	7,754,250	1,158,858	71,743	253,985	117,529	9,539,023	47,752	718,135	12,606,845	283,789	149,934	1,138,810
Physiotherapy	12,473,224	3,695,243	3,229,142	3,183,006	1,996,997	000	6,143	498,263	238,111	000	529,044	115,959	479,798	188,825	486,698
Counsel	68,946,369	20,793,157	5,275,222	19,165,979	8,540,529	2,114,799	815,283	4,194,464	6,430,162	1,683,152	12,337,838	1,225,220	3,082,143	322,599	2,489,738
Psychotherapy	24,127,870	2,779,393	3,423,389	10,952,282	4,085,362	125,233	12,235	330,313	458,706	198,169	7,126,018	138,359	1,128,168	311,879	2,932,908
Other	32,533,550	6,116,137	3,781,128	10,129,706	3,828,178	1,095,540	410,119	3,072,029	2,827,512	441,047	1,589,673	184,232	1,890,367	144,109	4,055,871

TABLE 23-B

NUMBER OF VISITS TO BLACK PHYSICIANS BY SERVICES ORDERED AND REASON FOR VISIT: 1975

Diagnostic and Therapeutic Services Ordered	Reason for Visit														
	Total	Acute	Acute Follow	Chronic	Chronic Flare	Pre-Natal	Post-Natal	Post-Operative	Well Adult or Child	Family Planning	Counsel	Immuni-zation	Referral	Admin.	Other
Total	5,862,578	1,917,393	1,006,403	1,391,523	672,062	240,362	33,052	164,440	484,773	151,879	351,866	136,829	116,899	95,841	173,244
None	101,153	27,590	19,908	13,462	3,683	4,890	2,341	9,321	10,167	1,188	2,459	1,311	2,177	5,023	7,823
Limited Exam	3,104,802	1,024,780	662,948	793,551	347,998	115,649	15,760	80,404	176,319	69,737	127,600	50,126	40,803	39,653	49,859
General Exam	1,160,921	497,068	87,600	180,308	142,626	40,610	7,582	8,571	213,293	46,946	66,514	37,909	58,150	4,339	32,738
Lab Test	1,420,305	517,416	120,361	366,341	169,928	87,053	5,202	25,812	162,364	67,467	77,597	13,086	41,198	6,882	50,352
Blood Press Check	2,615,003	818,685	301,583	828,647	380,870	143,073	14,355	43,854	184,650	93,777	202,124	17,070	41,790	8,725	60,396
EKG	176,062	48,298	19,405	58,419	39,861	0	0	254	25,822	0	15,193	0	4,138	0	7,057
Hearing Test	55,362	13,002	632	17,766	3,970	0	0	513	22,248	0	2,097	2,892	9,459	201	3,449
Vision Test	169,049	29,794	7,193	63,102	12,786	110	202	4,889	56,548	532	4,160	4,232	28,362	11,043	8,516
Endoscopy	30,133	9,357	2,757	5,625	3,183	5,732	0	996	3,596	0	1,267	0	1,134	0	1,190
Office Surgery	194,459	63,680	27,756	40,655	24,526	1,969	1,064	34,378	2,995	17,187	4,808	475	5,149	360	22,747
Drug Prescriptions	3,443,334	1,347,299	613,793	854,241	504,611	62,009	14,153	48,034	98,874	101,890	206,498	22,042	34,289	5,351	68,099
X-Ray	318,723	141,660	34,672	64,356	52,458	1,534	735	6,434	31,291	729	21,569	0	15,224	1,084	9,304
Injection	1,120,889	411,640	392,176	167,593	124,292	1,736	1,404	5,544	31,902	16,539	42,146	20,615	6,908	0	22,466
Immunization	194,048	18,674	5,153	17,411	4,457	0	4,734	1,221	121,924	607	15,034	112,510	772	0	3,850
Physiotherapy	1,826	37,842	38,471	10,582	6,965	0	0	271	1,924	0	1,955	0	3,555	0	0
Counsel	774,403	213,653	97,762	212,073	108,813	19,335	7,965	21,346	76,802	40,005	152,459	17,695	18,680	58,114	32,265
Phychotherapy	105,679	18,565	6,472	56,316	22,760	1,470	735	183	3,473	1,148	43,902	0	2,897	0	19,219
Other	204,210	45,643	23,553	59,908	19,946	17,003	1,839	15,283	17,682	9,626	8,855	1,193	16,844	12,188	14,379

TABLE 23-C

PERCENT OF VISITS TO NON-BLACK PHYSICIANS BY SERVICES ORDERED AND REASON FOR VISITS: 1975

Diagnostic and Therapeutic Services Ordered	Total	Reason for Visit													
		Acute	Acute Followup	Chronic	Chronic Flareup	Pre-Natal	Post-Natal	Post Operative	Well Adult or Child	Family Planning	Counsel	Immunization	Referral	Administrative	Other
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
None	2.69	1.25	2.73	1.46	1.05	6.16	3.37	10.83	3.56	1.11	1.69	2.57	2.39	6.41	5.27
Limited Exam	51.30	61.42	56.91	49.50	56.62	63.50	47.11	48.69	27.19	54.15	43.77	19.47	38.43	34.72	24.42
General Exam	15.70	15.77	7.50	11.19	13.45	12.87	26.07	4.25	54.36	26.84	17.50	23.26	34.61	35.00	14.36
Lab Test	22.84	21.72	16.34	21.99	22.74	58.29	35.37	9.53	43.81	54.73	24.37	11.41	23.16	36.69	18.09
Blood Pressure Check	33.03	28.04	28.17	43.44	38.07	70.54	42.62	11.41	39.90	56.88	36.83	13.16	29.33	48.41	18.13
EKG	3.39	2.91	3.22	4.77	4.38	0.55	0.26	0.49	6.26	0.13	2.48	0.36	7.06	2.09	2.75
Hearing Test	1.30	0.89	0.71	0.79	1.39	0.39	0.19	0.00	5.98	0.42	1.37	2.12	4.81	13.38	0.71
Vision Test	4.71	2.24	1.99	5.41	2.41	0.13	0.95	4.79	15.61	0.90	1.56	4.01	7.68	22.16	14.83
Endoscopy	1.15	1.84	0.86	1.30	1.61	0.12	0.44	1.31	2.03	1.23	0.98	0.08	3.20	0.67	1.17
Office Surgery	6.37	7.11	10.19	4.98	6.48	0.64	0.80	22.70	0.99	3.76	2.66	0.83	7.57	4.33	8.86
Drug Prescribed	44.17	63.21	41.07	44.68	56.74	18.75	29.36	15.42	19.76	55.59	39.45	11.49	27.72	26.35	18.28
X-Ray	7.18	9.98	9.03	5.05	8.81	0.99	0.36	6.48	7.87	1.45	4.48	1.20	16.87	6.28	6.16
Injection	13.70	18.05	12.92	16.02	18.58	1.32	3.90	2.28	18.05	12.92	16.02	18.58	1.32	3.90	2.28
Immunization	4.54	1.36	1.29	5.34	1.96	0.35	6.54	0.33	1.36	1.29	5.34	1.96	0.35	6.54	0.33
Physiotherapy	2.22	2.19	4.68	2.19	3.37	0.00	0.17	1.37	2.19	4.68	2.19	3.37	0.00	0.17	1.37
Counsel	12.27	11.71	13.47	13.20	14.43	10.33	22.60	11.72	11.71	13.47	13.20	14.43	10.33	22.60	11.72
Psychotherapy	4.30	1.57	4.97	7.54	6.90	0.61	0.34	0.92	1.57	4.97	7.54	6.90	0.61	0.34	0.92
Other	5.79	3.45	5.49	6.98	6.47	5.35	11.37	8.58	3.45	5.49	6.98	6.47	5.35	11.37	8.58

TABLE 23-D

PERCENT OF VISITS TO BLACK PHYSICIANS BY SERVICES ORDERED AND REASON FOR VISITS; 1975

Diagnostic and Therapeutic Services Ordered	Total	Reason for Visit: Acute	Acute Followup	Chronic	Chronic Flareup	Pre-Natal	Post-Natal	Post Operative	Well Adult or Child	Family Planning	Counsel	Immunization	Referral	Administrative	Other
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
None	1.73	1.44	1.98	0.97	0.55	2.03	7.08	5.67	2.10	0.78	0.70	0.96	1.86	5.24	4.52
Limited Exam	52.96	53.45	65.87	57.03	51.78	48.11	47.68	48.89	36.37	46.95	36.26	36.63	34.90	41.37	28.78
General Exam	19.80	25.92	8.70	12.96	21.22	16.90	22.94	5.21	44.00	30.91	18.90	27.71	49.74	4.53	18.09
Lab Test	24.23	26.99	11.99	26.33	25.28	36.22	15.74	15.70	33.49	44.42	22.05	9.56	35.24	7.18	29.96
Blood Pressure Test	44.61	42.70	29.97	59.55	56.67	59.52	43.43	26.67	38.09	61.74	57.44	12.48	35.75	9.10	34.86
EKG	3.00	2.52	1.93	4.20	5.93	0.00	0.00	5.33	5.33	0.00	4.32	0.00	3.54	0.00	4.07
Hearing Test	0.94	0.68	0.06	1.28	0.59	0.00	0.00	0.31	4.59	0.00	0.60	2.11	8.09	0.21	1.99
Vision Test	2.88	1.56	0.71	4.53	1.90	0.05	0.61	2.97	11.66	0.35	1.18	3.09	24.26	11.52	4.92
Endoscopy	0.51	0.49	0.26	0.40	0.47	2.38	0.00	0.61	0.74	0.00	0.36	0.00	0.97	0.00	0.69
Office Surgery	3.32	3.32	2.76	2.92	3.65	0.82	3.22	20.91	0.62	11.32	1.37	0.35	4.40	0.38	13.13
Drug Prescribed	58.73	70.27	60.99	61.39	75.08	25.80	42.82	29.21	20.40	67.09	58.69	16.11	29.33	5.58	39.31
Injection	19.12	21.47	38.97	12.04	18.49	0.72	4.25	3.37	6.56	10.89	11.98	15.07	5.91	0	12.97
Immunization	3.31	0.97	0.51	1.25	0.66	0	14.32	0.74	25.15	0.40	4.27	82.27	0.66	0	2.22
Physiotherapy	1.57	1.97	3.82	0.76	1.04	0	0	0.16	4.12	0	0.56	0	3.04	0	0
Counsel	13.21	11.14	9.71	15.24	16.19	8.04	24.10	12.98	15.84	26.34	43.39	12.93	15.98	60.66	18.62
Psychotherapy	1.80	0.97	0.64	4.05	3.39	0.61	2.22	0.11	0.72	0.76	12.48	0	2.48	0	11.09
Other	3.48	2.38	2.34	4.31	2.97	7.07	5.56	9.29	3.65	6.34	2.52	0.87	14.41	12.72	8.30

Table 24 shows services ordered by type of patient (old, new), and problem (old, new). The more frequent use by Black physicians of blood pressure checks, drugs prescribed, and injections is consistent for all types of patients in this array.

Seriousness of problem is tabled by services ordered in Table 25. It can be seen from examination of this array that the patterns of Black and of non-black physicians are similar. The greater use of blood pressure check, drug prescribed, and injection by Black physicians is in all but one case consistent as seriousness varies.

Intersections Among Treatment Practices

Cross tabulations between duration of visit and disposition and between duration of visit and services ordered are presented in Tables 26 and 27. The cells in these tables which report visits to Black physicians are in the majority based on counts of less then 100,000 visits. Inspection of the large number of cells can be expected to yield many apparent differences that could not be confirmed if the study were replicated.

TABLE 24-A

PERCENT OF VISITS TO NON-BLACK PHYSICIANS BY SERVICES ORDERED AND STATUS OF VISIT: 1975

Non-Black Physicians			
Services Ordered	New Patient	Old Patient New Problem	Old Patient Old Problem
None	2.16*	2.98	2.24*
Limited Exam	44.62	50.19	58.51
General Exam	32.85	10.93	17.34
Lab Test	24.91	21.79	23.65
Blood Pressure Check	28.49	35.34	29.86
EKG	4.64*	3.30	2.82*
Hearing Test	3.17*	0.82*	1.37*
Vision Test	9.83	4.01	3.31*
Endoscopy	1.90*	1.16*	0.81*
Office Surgery	8.07	6.48	6.53
Drug Prescribed	41.13	40.20	56.55
X-Ray	13.09	5.62	8.31
Injection	8.38	14.29	15.56
Immunization	1.91*	5.48	3.74
Physiotherapy	1.91*	2.42	1.89*
Counsel	13.32	11.98	12.35
Psychotherapy	2.34*	5.86	1.41*
Other	7.31	6.34	3.39*

* Cell size < 5,000,000, > 1,000,000

TABLE 24-B

PERCENT OF VISITS TO BLACK PHYSICIANS BY SERVICES ORDERED AND STATUS OF VISIT: 1975

Black Physicians			
Services Ordered	New Patient	Old Patient New Problem	Old Patient Old Problem
None	2.72**	1.47**	1.78**
Limited Exam	34.74*	56.37	55.83*
General Exam	49.70*	12.42*	20.55*
Lab Test	33.47*	21.35*	25.96*
Blood Pressure Check	43.35*	46.42	40.78*
EKG	5.44**	2.82*	2.01**
Hearing Test	4.15**		~~0.46~~
Vision Test	10.02**	1.63**	1.78**
Endoscopy	~~1.15~~	0.38**	~~0.49~~
Office Surgery	4.10**	2.98*	3.71**
Drug Prescription	50.77*	58.96	62.92*
X-Ray	10.41**	3.70*	6.91**
Injection	12.05*	21.82*	16.53*
Immunization	2.02**	3.43*	3.79**
Physiotherapy	2.19**	1.59**	1.13**
Counsel	13.10*	13.63*	12.21*
Psychotherapy	~~0.68~~	2.31**	1.20**
Other	5.38**	3.52*	2.26**

* Cell size < 1,000,000, >100,000
** Cell size < 100,000, >10,000
~~ Cell size < 10,000

TABLE 25-A

PERCENT OF VISITS TO NON-BLACK PHYSICIANS BY SERVICES ORDERED AND SERIOUSNESS OF THE PROBLEM: 1975

Non-Black Physicians			
Services Ordered	Serious or Very Serious	Slightly Serious	Not Serious
None	1.69*	1.40*	3.92
Limited Exam	49.41	57.17	48.15
General Exam	15.53	11.98	18.23
Lab Test	22.55	20.59	24.45
Blood Pressure Check	36.88	32.20	32.10
EKG	6.23	3.29	2.36
Hearing Test	1.01*	0.96*	1.64
Vision Test	3.75*	3.02	6.20
Endoscopy	1.33*	1.29*	1.06*
Office Surgery	6.16	6.70	6.97
Drug Prescribed	45.31	53.55	37.51
X-Ray	9.19	8.83	5.69
Injection	14.68	16.10	11.74
Immunization	2.06*	2.77	6.67
Physiotherapy	2.19*	3.04	1.69
Counsel	15.80	12.90	10.50
Psychotherapy	11.43	4.25	1.58*
Other	7.34	5.15	5.62

* Cell size <5,000,000, >1,000,000

TABLE 25-B

PERCENT OF VISITS TO BLACK PHYSICIANS BY SERVICES ORDERED AND SERIOUSNESS OF THE PROBLEM: 1975

Black Physicians			
Services Ordered	Serious or Very Serious	Slightly Serious	Not Serious
None	0.98**	0.95**	2.68**
Limited Exam	51.72*	58.82	49.05
General Exam	22.27*	17.02*	20.75*
Lab Test	27.47*	22.96*	23.62*
Blood Pressure Check	54.12*	42.58*	41.51
EKG	5.86**	2.81**	1.75**
Hearing Test	~~0.54~~	0.91**	1.16**
Vision Test	3.26**	2.08**	3.32**
Endoscopy	~~0.38~~	~~0.26~~	0.78**
Office Surgery	2.91**	2.26**	4.05*
Drug Prescribed	65.24*	67.38	48.88
X-Ray	8.48*	5.14*	4.01*
Injection	23.71*	26.06*	11.51*
Immunization	~~0.58~~	1.16**	6.31*
Physiotherapy	1.50**	1.21**	1.87**
Counsel	13.91*	14.95*	11.52*
Psychotherapy	3.27**	1.97**	0.95**
Other	4.14**	2.70**	3.77*

* Cell size <1,000,000, >100,000
** Cell size <100,000, >10,000
~~ Cell size <10,000

TABLE 26-A

PERCENT OF VISITS TO BLACK PHYSICIANS BY
DURATION OF VISIT AND
SERVICES ORDERED: 1975

Black Physicians

Duration of Visit (Minutes)	Total	Office Surg.	Drug Prescribed	X-Ray	Inject.	Immuniz.	Physio-Therapy	Counsel	Psycho-Therapy	Other
Total	100.00	100.00**	100.00*	100.00**	100.00*	100.00**	100.00**	100.00**	100.00**	100.00**
Zero	0.29***	0.00	~~0.15~~	~~1.00~~	~~0.42~~	0.00	0.00	0.00	0.00	1.00
1-5	13.55**	8.25***	12.66**	8.32***	12.60**	24.53***	12.96***	7.40***	~~4.24~~	11.56***
6-10	36.52*	20.96***	37.11*	20.19***	47.95**	31.49***	34.56***	31.19**	10.21***	32.11***
11-15	27.19*	42.52***	26.37*	24.57***	22.82**	27.36***	27.69***	29.21**	14.34***	25.53***
16-30	19.30*	23.94***	19.49**	35.82**	14.22**	15.65***	23.83***	26.03**	21.29***	25.51***
31-60	2.92**	~~3.15~~	2.04***	9.32***	1.70***	~~0.97~~	~~0.95~~	5.58***	44.20***	~~4.60~~
61+	0.23***	~~1.17~~	~~0.18~~	~~0.78~~	~~0.28~~	0.00	0.00	~~0.59~~	~~5.72~~	~~0.70~~

~~Cell size < 10,000
*Cell size < 5,000,000, > 1,000,00
**Cell size < 1,000,000, > 100,000
***Cell size < 100,000, > 10,000

TABLE 26-B

NUMBER OF VISITS TO NON-BLACK PHYSICIANS BY
DURATION OF VISIT AND
SERVICES ORDERED: 1975

Non-Black Physicians

Duration of Visit (Minutes)	Total	Office Surg.	Drug Prescribed	X-Ray	Inject.	Immuniz.	Physio-Therapy	Counsel	Psycho-Therapy	Other
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Zero	1.20	0.97**	0.23**	0.12***	3.32*	9.27*	1.21***	0.24***	0.12***	1.03**
1-5	16.19	15.87	14.35	6.84	19.28	25.25	7.99*	10.76	1.69**	9.22
6-10	31.21	29.75	34.24	22.86	30.00	28.24	31.91*	29.85	7.21*	22.19
11-15	26.77	24.91	28.00	27.49	25.70	24.96	27.62*	28.73	11.82*	26.51
16-30	18.97	24.18	19.62	29.73	19.61	11.74*	27.26*	23.40	30.14	29.06
31-60	5.23	3.87*	3.30	11.97	1.94*	1.38**	3.14**	6.02*	46.29	9.96*
61+	0.43*	0.45**	0.25**	1.17**	0.14***	0.16***	0.86**	1.00**	2.73**	2.03**

*Cell size <5,000,000, >1,000,000
**Cell size <1,000,000, >1,000,000
***Cell size <10,000, > 10,000
/ Cell size <10,000

TABLE 27-A

PERCENT OF VISITS TO BLACK PHYSICIANS BY
DURATION AND DISPOSITION OF VISIT: 1975

Black Physicians

Duration of Visit (Minutes)	Total	No Follow-up	Return at Specific Time	Return If Needed	Telephone Followup	Referral	Return	Admit to Hospital	Other
Total	100.00	100.00**	100.00*	100.00*	100.00**	100.00**	100.00***	100.00**	100.00***
Zero	0.29***	~~0.11~~	0.39***	~~0.05~~	~~0.00~~	~~0.00~~	~~0.00~~	~~0.65~~	~~0.00~~
1-5	13.55**	24.51**	9.76**	20.48**	18.83***	7.82***	~~10.31~~	8.99***	~~8.38~~
6-10	36.52*	30.59**	36.73*	40.12**	31.01***	36.31***	~~17.55~~	22.87***	29.12***
11-15	27.19*	24.19**	28.96*	23.70**	25.13***	25.48***	~~37.02~~	24.78***	~~26.65~~
16-30	19.30*	16.48***	20.89**	13.46**	23.03***	25.82***	~~28.33~~	36.77***	~~24.86~~
31-60	2.92**	4.08***	3.01**	1.91***	~~1.83~~	~~4.57~~	~~4.54~~	~~5.93~~	~~7.99~~
61+	0.23**	~~0.04~~	0.26***	~~0.27~~	~~0.18~~	~~0.00~~	~~2.24~~	~~0.00~~	~~3.00~~

* Cell size <5,000,000, >1,000,000
** Cell size <1,000,000, >100,000
*** Cell size <100,000, >10,000
~~ Cell size <10,000

TABLE 27-B

PERCENT OF VISITS TO NON-BLACK PHYSICIANS BY
DURATION AND DISPOSITION OF VISIT: 1975

Non-Black Physicians

Duration of Visit (Minutes)	Total	No Follow-up	Return at Specific Time	Return If Needed	Telephone Followup	Referral	Return	Admit to Hospital	Other
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Zero	1.20	1.55*	1.12*	1.51*	0.85**	0.60***	~~0.00~~	~~0.05~~	~~0.00~~
1-5	16.19	23.89	14.28	18.18	8.28*	11.05*	8.68**	6.73**	8.68**
6-10	31.21	33.36	29.85	33.86	29.08	24.76*	20.24*	22.10*	28.09*
11-15	26.77	23.13	28.29	24.97	29.64	28.94*	24.86*	30.15*	27.43*
16-30	18.97	14.15	19.59	18.32	26.11	27.57*	30.72*	32.79*	26.90*
31-60	5.23	3.72	6.36	2.84*	5.53*	6.67*	14.88**	7.26**	8.60**
61+	0.43*	0.21**	0.51*	0.33**	0.51**	0.41***	2.45***	0.91***	0.29***

* Cell size <5,000,000, >1,000,000
** Cell size <1,000,000, >100,000
*** Cell size <100,000, >10,000
~~0.00~~ Cell size <10,000

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APPENDIX

APPENDIX - TABLE I

SELECTED APPROXIMATE STANDARD ERRORS OF PERCENTAGES OF OFFICE VISITS TO BLACK PHYSICIANS

Number of Visits Recorded	Estimated Percent						
	5%	10%	20%	40%	60%	80%	90%
100,000	4.5	6.3	8.4	10.2	10.2	8.3	6.3
200,000	3.2	4.4	5.9	7.2	7.3	5.9	4.4
500,000	2.0	2.8	3.7	4.6	4.6	3.8	2.8
1,000,000	1.4	2.0	2.6	3.2	3.2	2.6	1.9
2,000,000	1.0	1.4	1.9	2.3	2.3	1.8	1.4
5,000,000	0.6	0.9	1.2	1.4	1.4	1.2	0.9

APPENDIX - TABLE II

SELECTED APPROXIMATE STANDARD ERRORS OF PERCENTAGES OF OFFICE VISITS TO NON-BLACK PHYSICIANS: 1975

Number of Visits Recorded	Estimated Percent						
	5%	10%	20%	40%	60%	80%	90%
1,000,000	4.6	6.3	8.5	10.4	10.4	8.5	6.3
2,000,000	3.3	4.5	6.0	7.3	7.3	6.0	4.5
5,000,000	2.1	2.8	3.8	4.6	4.6	3.8	2.9
10,000,000	1.5	2.0	2.7	3.3	3.3	2.6	2.0
20,000,000	1.0	1.4	1.9	2.3	2.3	1.9	1.4
50,000,000	0.7	0.9	1.2	1.5	1.4	1.2	0.9
100,000,000	0.5	0.6	0.8	1.0	1.0	0.9	0.6
500,000,000	0.2	0.3	0.4	0.5	0.5	0.4	0.3

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DHEW Publication No. (HRA) 80-628 October 1979